



Registration Form

Registration begins Wednesday, February 8, 2006



The Tennis Center offers mail-in,* phone-in, and walk-in registration.

Monday-Friday 9:00am-10:00pm • Saturday & Sunday 9:00am-5:00pm

*Please enclose a self-addressed, stamped envelope for registration confirmation.

Registrations further into the future can be made at the Sunnyvale Tennis Center
755 S. Mathilda Ave.

Tennis is a sport for life...

Sunnyvale & Tennis
- The perfect combination.
Call 732-2130 today

Mail to: Sunnyvale Tennis Center
800 Russet Drive, Sunnyvale, CA 94087



Last Name Only: _____

Address: _____

Zip: _____

Home Phone: _____

Work Phone: _____

Ask For: _____

Emergency Name: _____

Number: _____

In consideration of participation in a class or activity offered by the Park and Recreation Department of the City of Sunnyvale, I, the undersigned for myself and/or as the parent/guardian of the Minor named above, agree to indemnify and hold the City of Sunnyvale harmless and hereby waive, release and discharge any and all claims for damage, for death, personal injury, bodily injury or property damage which I and/or the Minor may have or which hereinafter may accrue to me and/or the Minor against the City of Sunnyvale, its City Council, employees, agents, and volunteers from and against any liability arising out of or connected in any way with my and/or the Minor's participation in this class or activity, even though that liability may arise out of negligence or carelessness on the part of the person or entities mentioned above. ■ I understand that accidents and injuries can arise from participation in this class or activity; knowing the risks, nevertheless, I hereby agree to assume those risks on behalf of me and/or the above named Minor and to release and to hold harmless all of the persons or entities mentioned above whom (through negligence or carelessness) might otherwise be liable to me and/or the above named Minor (or my/our heirs or assignees) for damages. It is further understood and agreed that this waiver, release and assumption of risks has been freely entered into and is to be binding on my/our heirs and assigns. ■ I have read and agree to the registration and program policies. Further, I agree to allow use of my photograph and/or that of the above named Minor for public publicity. By my signature below, I acknowledge that I have read this document and understand its contents.

Participant's Name: _____

Check the appropriate box(es) and sign: ☐ Participant (if over 18 years) ☐ Parent ☐ Legal Guardian

Signature _____

Session _____

Age if under 18 years _____

Level

Days

Time

Location

Fee

1st Choice _____

2nd Choice _____

Check the appropriate box(es) and sign: ☐ Participant (if over 18 years) ☐ Parent ☐ Legal Guardian

Signature _____

☐ My check is attached. Make payable to: **Las Palmas Tennis**. NOTE: \$30 charge on all returned checks.

Charge my: ☐ Mastercard ☐ Visa

Name of card holder _____



Card No. | _ | _ | _ | _ | _ | _ | - | _ | _ | _ | _ | _ | _ | - | _ | _ | _ | _ | _ | - | _ | _ | _ | _ | _ | _ |

Expiration Date: _____ 3 Digit Security Code (on back of card) _____

City Kabob

755 S. Mathilda Avenue

Located at the Sunnyvale Tennis Center

Great Food Served with a Smile!

Call in for pick-up or dine with us today.

(408) 732-0013

Tue-Sat 11am-9pm; Sun 11am-7pm

